MassHR
Commonwealth Supervisor Certificate Program

Leadership Matters

Commonwealth Supervisor Certificate Program
Enrollment Application Form 2013

Option 1: Complete Section I online then print the entire form. Complete Section II on a separate piece of paper; sign Section III, then give the completed packet to your supervisor to complete Section IV.

Option 2: Print this form and complete Section I by **printing** the information. Complete Section II by **typing** essays on a separate piece of paper per the directions; **sign** Section III, then give the completed packet to your supervisor to complete Section IV.

Only **original** completed Application Packets will be accepted. Completed Application Packets must be received by the CSCP Application Committee by **3:00 PM Friday, November 30, 2012**. Send completed applications to:

CSCP Application Committee
Human Resources Division
1 Ashburton Pl., Room 301
Boston, MA 02108

SECTION I: Personal and Professional Contact Information

Name: _____

Employee ID#: _____Bargaining Unit: _____

Secretariat: _____

Agency: _____

Job & Functional Title: _____

Number of employee Performance Evaluations such as EPRS or its equivalent you have completed within the last 12 months: _____

Work Mailing Address: _____
                    (Building Name)   (Street Address)   (Floor #)

City: _____ Zip code:_____ Home City:_____

E-Mail Address: _____

Work Telephone Number: _____ Cell Phone # (optional): _____

Supervisor's Name: _____

SECTION I: Personal and Professional Contact Information (continued)

Supervisor's Email Address: _____

Supervisor's Work Telephone Number: _____

Reasonable Accommodations Requests (please specify) as needed:_____

_____

Rank Training Location Preference (1-5) with "1" being your first choice through "5" for last choice.

Northeast Region (Tewksbury)   Western Region (Holyoke)

Boston (Ashburton Pl.)   Central MA (Worcester)   Southeast Region (Taunton)

Please attach a copy of your up-to-date resume.

SECTION II: Essay Questions

This section of the application form provides an opportunity for you to tell us about your ability and willingness to successfully complete the Commonwealth Supervisor Certificate Program.

Please answer questions 1 – 3. Each response must be **typed** and contain a minimum of **4 sentences**. The response for all 3 questions should be no longer than two single-spaced pages.

1. State and describe your supervisory role and responsibilities within your agency.

2. Describe the types of supervisory skills that you think are important for being an effective supervisor in your current job.

3. What **supervisory** skills would you like to develop or strengthen by participating in this program?

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SECTION III: Statement of Commitment

Please read and agree to the following statement of commitment:

I understand that, if selected, I am taking one of a limited number of available seats in the Commonwealth Supervisor Certificate Program. I agree to participate in the Commonwealth Supervisor Certificate Program to the best of my ability and to attend all scheduled classes. Therefore:
  o   I will complete all the required courses
  o   I will complete the Commonwealth Mandatory courses if I have not yet done so
  o   I agree to communicate with my supervisor regarding my progress and my support needs.

I understand that I am required to enter into and abide by this statement of commitment.

Signature: _____Date:_____

SECTION IV: Required Signatures and Directions for Applicant's Supervisor

Supervisors:
Please review the application, sign below and
  1. prepare a letter of support
  2. submit completed application packet and letter of support to Agency Head or Designee
  3. obtain signature of Agency Head or Designee

Supervisor's Commitment: I support the participation of _____ in the Commonwealth Supervisor Certificate Program.

I will support the applicant as she/he completes all program requirements.

I am supporting the applicant by submitting the attached letter commenting on his/her supervisory qualities, team orientation, problem-solving skills and communication skills.

Supervisor's Name (PRINT):_____

Supervisor's Signature: _____Date:_____

Agency Head's or Designee's Name (PRINT) _____

Agency Head's or Designee's Signature: _____ Date:_____